

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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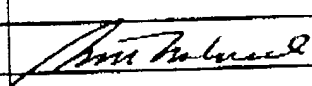
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)  Total Number of Pages In This Submission 5	Application Number	10/134049, 09/803681, 09/898457, 09/377792
	Filing Date	4/26/02, 3/12/01, 7/5/01, 8/20/99
	First Named Inventor	Muirhead, Scott
	Art Unit	
	Examiner Name	
Attorney Docket Number		

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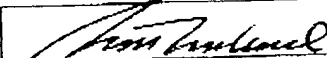
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<b>Remarks</b> Please record new Powers of Attorney & new Correspondence Address for the 4 attached U.S. Patent Applications: 10/134,049 (now patent 6,661,339), 09/803,681 (now patent 6,718,888), 09/898,457 (now patent 6,749,418) & 09/377,792 (now patent 6,294,114).		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	SCOTT MUIRHEAD		
Date	June 27, 2005	Reg. No.	

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	SCOTT MUIRHEAD			

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PTO/SB/81 (04-05)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	09/898,457
Filing Date	July 5, 2001
First Named Inventor	Muirhead, Scott
Title	Triple Sheet Thermoforming Apparatu
Art Unit	
Examiner Name	James P. Mackey
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

31295

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☐ Practitioner(s) named below:

Name	Registration Number

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☒ Firm or Individual Name John Adams, Price & AdamsAddress 4135 Brownsville Road  
PO Box 98127

City PITTSBURGH

State PA

Zip 15227-0127

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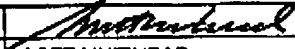
Telephone 412 882-7170

Email PAIP.LAW@VERIZON.NET

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature		Date	June 27, 2005
Name	SCOTT MUIRHEAD	Telephone	604 841-8762
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 4 forms are submitted.

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